



Fee Only

Attorney Docket SEL 273

2821

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Okamoto et al.)
Serial No.: 09/934,699)
Filed: August 22, 2001)
For: Portable Electronic Device)
Art Unit: 2871)
Examiner: T. Duong)

I hereby certify that this correspondence is
being deposited with the United States Postal
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Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on

September 23, 2004

(Date of Deposit)

Shannon Wallace

Name of applicant, assignee, or Registered Rep.

Shannon Wallace 9/23/04

Signature

Date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Sir:

The Notice of Non-Compliant Amendment dated September 15, 2004 states that a complete listing of all of the claims is not present. Accordingly, Applicants are submitting herewith a revised listing of all the claims in the present application. It is believed that this overcomes the PTO's objection to the amendment. Accordingly, it is requested Amendment D now be entered and considered.

Applicants do not believe that any extension of time or fee is necessary for this response. If such an extension of time or fee is necessary, please consider this the necessary petition for an extension of time and please charge our deposit account 50/1039 for any fee due.

If any further fee is due for this response, please charge our deposit account 50/1039.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09934699
-273

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 =	8
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 24	Minus	• 28
Independent	• 5	Minus	• 5	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY
TYPE OR OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	144
X40=		OR X80=	160
+135=		OR +270=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 29	Minus	• 28
Independent	• 6	Minus	• 5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	108
X40=		OR X80=	164
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	108

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 40	Minus	• 29
Independent	• 6	Minus	• 6	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	198
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	198

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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